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## Alcimedea 18/7

In June 2011, the world of assisted suicide found itself mourning the death of one of its leading lights, Dr Jack Kevorkian. The American Pathologist, whose subspecialty was “death counselling”, was clearly not looking for an early checkout as he succumbed to organ failure with a respectable innings of 83. Ironically, he was unable to try his techniques on himself as he died peacefully in his sleep.<sup>1–3</sup>

Dr Kevorkian adopted an alternative approach to patient care and was arguably at the top of his field where he was admired by many, but despised by others. Indeed, his controversial techniques are believed to have helped over 130 patients commit suicide, many of whom might not have died without him. However, in an age where doctors are commended on low mortality rates for their patients, it is not surprising that Dr Kevorkian’s practice of helping patients to exterminate themselves also earned him a fair number of critics, who disparagingly referred to him as “Doctor Death”.

His most controversial device was the “Thanatron”, named after the Greek mythological character Thanatos, the personification of death. This machine was linked to the patient’s circulation and allowed the intravenous administration of saline, thiopental and pancuronium. The assistant would start the saline drip, leaving the ill-fated star-of-the-show to press a second button that pumped thiopental and then pancuronium into the circulation. (*Alcimedea notes that there are differing reports as to how the Thanatron worked and which drugs were administered.*) The Thanatron was used in two deaths, but its further use was restricted as Kevorkian’s medical license was revoked shortly afterward and he was unable to source the drugs.

His next device was “The Mercitron” which allowed the individual to breathe in a toxic dose of carbon monoxide via a facial mask. As there was no need to press a button or flick a switch, this machine represented a giant leap forward for self-annihilation: the user could concentrate on gasping his or her last breaths, without the inconvenience of multi-tasking.

His activities brought several encounters with the criminal justice authorities and would ultimately result in his 1999 conviction for second degree murder, for which he spent eight years in prison. In his twilight years, Dr Kevorkian suffered infirmity, including renal problems and liver cancer secondary to hepatitis C. Some of this ill-health was believed to have been contracted from experiments he conducted on himself in the 1960s using human cadaveric blood.

Only time will tell as to whether Dr Kevorkian will be remembered as a reliever of suffering, or as an assistant to the murder of vulnerable patients. Either way, his life’s work was recently documented in the 2010 film “*You Don’t Know Jack*” which starred Al Pacino in the lead role.

Unfortunately, the title “*The Terminator*” had already been used elsewhere.

On a related theme, the UK’s National Institute for Health and Clinical Excellence (NICE) has published a consultation paper on end-of-life care for adults. The idea behind the consultation is to establish quality standards in aspects of terminal care, including communication, quality of care, support for families and carers, and avoidance of harm. The results are scheduled to be published in November 2011.<sup>4</sup>

A report from the Commons Science and Technology Committee has suggested that the decision by MPs to wind down the Forensic Science Service by March 2012 was rushed.<sup>5</sup> Furthermore, the publication has accused the Government of failing to appreciate the scale of impact that the closure of the FSS will have upon the criminal justice system, both in terms of cold-case reviews and on-going cases.

The Committee’s report has also questioned whether private laboratories will be able to absorb the large volume of work that will come their way in the next few years. Consequently, the Committee has recommended that the closure of the FSS should be delayed for at least six months.

Cocaine is one of the most commonly-used illicit drugs in the UK and it is well-established that it is responsible for dysrhythmias, coronary artery spasm and myocardial infarction. However, a small study from Pisa, Italy, has established for the first time that myocardial changes occur even in cocaine users who are asymptomatic and have no previous history of cardiac disease. Although the study only considered 30 patients using cardiovascular magnetic resonance (CMR), the researchers demonstrated features including myocardial fibrosis (73%) and oedema (47%).<sup>6</sup>

Shaken baby syndrome remains a highly contentious issue, with disagreement as to its existence, its possible mechanism and its prevalence. Classically, the triad of clinical or post-mortem findings that are said to be characteristic are retinal haemorrhages, cerebral swelling and subdural bleeding, with usually no evidence of external trauma. However, a recent study of 35 cases led by Pathologist Evan Matshes has concluded that a high cervical injury is frequently associated with suspected cases, and that a C3–C5 nerve root injury leading to anoxic encephalopathy may help to explain many of the features.<sup>7</sup>

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